

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Outreach and Education

**STATUTORY AUTHORITY:**

Health Care Subsidy Fund, est. pursuant to  
(PL 1992, c.160 c. 26:2H-18.58

**GRANT PROGRAM NO.** 07-49-CHS**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To inform the community through outreach services and educational programs about the issue of Infant Mortality. Improve awareness of cultural differences and promote culturally competent services, to reduce racial disparity in perinatal outcomes and increase respect for these differences among health care providers. To increase the ease with which women enter the health care system in areas at high risk for poor perinatal outcome.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1.83 million should be available to established Maternal Child Health Consortia to fund projects in the 11 Healthy Mothers/Healthy Babies cities, and \$2.2 million in grants to support other outreach and education activities; including Healthy Start of East Orange and Sudden Infant Death Syndrome Resource Center. Funding is contingent on appropriation to the Department. Grant awards will range from \$25,000 to \$500,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Maternal Child Health Consortia responsible for Healthy Mothers/Healthy Babies Coalitions. The Black Infant Mortality Reduction grants may be awarded to governmental, non-profit agencies, community based organizations, licensed hospitals, and ambulatory care facilities.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Reproductive and Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below)
2. Submit Letter of Intent to program
3. Prepare grant application

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**FOR INFORMATION CONTACT:**

Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-1384**FAX:** (609) 292-9288**E-MAIL:** Linda.Jones-Hicks@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1 for July grants and August 1 for January 1 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.